

Position statement:

Assistant practitioners and ultrasound scans for fetal growth monitoring and assessment

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1. Background

- 1.1. There is a shortage of sonographers in the UK estimated by the last SoR survey (2019) to be in the order of 12.6%¹ and estimated by NHS England to be almost 15%.² Demand is increasing on a year-on-year basis.³ The SoR has been asked to advise on whether assistant practitioners (APs) could undertake ultrasound examinations for fetal growth monitoring and assessment purposes in the second and third trimesters of pregnancy.
- 1.2. Specifically, in 2015 there were proposals for a pilot study to ascertain whether APs can perform these scans. It was suggested that if successfully implemented, devolution of this aspect of ultrasound practice to APs would have the potential to alleviate, to some extent, the very severe workforce shortage within ultrasound.
- 1.3. Following concerns raised by the SoR Ultrasound Advisory Group (UAG) in 2015, UK Council requested a formal position statement on assistant practitioner practice in relation to fetal growth monitoring and assessment with ultrasound. This proposal has been updated in 2024 in light of on-going challenges with sonographer workforce capacity and changes to practice in relation to fetal growth assessment.
- 1.4. Sonography is not a regulated profession. Many sonographers are registered healthcare professionals in their primary profession, for example as a radiographer, but there are increasing numbers of sonographers working in the UK who are unable to gain statutory professional registration.

2. Current policy

- 2.1. The SoR supports role development for imaging professionals working at all levels of practice, including the development of assistant practitioner roles.
- 2.2. The 2022 *Education and Career Framework (ECF)*⁴ includes all levels of support workers as integral to the workforce and delivery of high-quality care.
- 2.3. The Assistant Practitioner (Health) apprenticeship standard states that “Assistant Practitioners report to a registered healthcare practitioner”.⁵

3. Growth scans for fetal monitoring purposes

- 3.1. Ultrasound assessment of fetal growth is usually carried out when pregnancies are deemed to be high risk, often because of maternal factors such as diabetes, high blood pressure, high body mass index, substance use or smoking. Growth scans will also be carried out in cases where there have been complications, including previous fetal growth restriction or fetal factors including findings seen at screening scans.
- 3.2. Growth scans in pregnancy require considerable training, experience and expertise as they include critical and often difficult to obtain measurements, such as fetal head circumference, abdominal circumference and femur length. Estimated fetal weight is derived from these measurements which are also displayed in graphical form.
- 3.3. Sonographers are also required, within standard examination protocols, to assess amniotic fluid levels, fetal presentation/lie and placental position.
- 3.4. During the ultrasound examination the sonographer needs to be alert to any unexpected physical conditions which may present at later stages in pregnancy.
- 3.5. In line with *Saving Babies' Lives: version 3; A care bundle for reducing perinatal mortality (SBL)*,⁶ Doppler ultrasound assessment will usually be included as part of the examination.
- 3.6. The whole ultrasound examination for growth assessment requires a 'holistic' assessment by the sonographer; it is not just a case of obtaining measurements. Interpretation of fetal growth profiles, determining if the examination needs to be extended and decisions over onward referral are also required. High levels of clinical decision making and communication skills are essential.
- 3.7. If unexpected findings are detected during the scan, the sonographer will discuss those with the expectant parent(s), write the clinical report and manage the referral. This level of expertise to interpret, analyse, diagnose, communicate findings and refer appropriately are outside the scope and role of an assistant practitioner and do not lend themselves to protocol-driven practice.
- 3.8. Obstetric ultrasound in general and the provision of accurate monitoring and diagnostics within pregnancy in particular are recognised to be high risk areas of practice.^{7,8} Legal proceedings arising from errors during pregnancy are frequently distressing, complex and costly to both complainants and to the NHS and sonographers.

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- 3.9.** The Consortium for the Accreditation of Sonographic Education (CASE) published a position statement in 2021 stating that due to the increased complexity of third trimester scans they would no longer accredit third trimester focused courses.⁹

4. Assistant practitioners in the Abdominal Aortic Aneurysm (AAA) Screening Programme

- 4.1.** Comparisons have been made to the successful AAA screening programme that makes extensive use of APs.¹⁰ This screening programme was planned, piloted and established in close collaboration with SoR.
- 4.2.** The AAA screening practitioner has a very limited scope of practice within the screening programme and follows a very specific protocol-driven pathway.¹¹
- 4.3.** The SoR believes that there is no real comparison between AAA screening and obstetric ultrasound with respect to the complexity of the examinations.

5. The nature of supervision in ultrasound

- 5.1.** Due to the nature of ultrasound the person undertaking the examination should be the person reporting it.^{12, 13}
- 5.2.** In current practice a sonographer will not sign off or report the work of another and cannot accept responsibility for a scan they have not performed themselves or have not supervised directly.

6. Developing scopes of practice

- 6.1.** The SoR supports the development of new roles and is conscious that existing advice may need to change with time and circumstance. This was the case when AAA screening was introduced.
- 6.2.** As a professional body the SoR is supportive of developing practice and innovation in order to deliver improved patient services and outcomes.

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- 6.3.** The SoR wishes to be engaged and involved as a key stakeholder in both national and local pilot projects and programmes developing the workforce across ultrasound. This is particularly evident as a member organisation of CASE where the College of Radiographers (CoR) has input into work led by Health Education England (now NHS England) to develop educational standards, a sonographer career framework, preceptorship and capability development documents to support direct-entry programmes at Masters and primary degree level.
- 6.4.** It is undoubtedly true that the shortage of sonographers and the context of ever-increasing clinical demand are making service delivery difficult. It is appropriate to consider carefully all options to manage this serious problem, including whether assistant practitioners could, perhaps, fill part of the gap.
- 6.5.** With regard to obstetric ultrasound, there continues to be considerable increase in the numbers of serial growth scans requested. This is due to the SBL care bundle,⁶ the Royal College of Obstetrician and Gynaecologists guidelines,¹⁴ NICE guidelines,¹⁵ and the general initiative to try and reduce the numbers of stillbirths in the UK, which are relatively high compared to many other developed countries.¹⁶ The current workforce will not be able to cope with increased demand if solutions to the workforce crisis are not found, particularly with an increasing demand for sonographers due to a rise in non-obstetric ultrasound waiting times.¹⁷

7. Position statement

- 7.1.** Growth scans for fetal monitoring and assessment purposes currently fall outside of the assistant practitioner scope of practice¹⁸ for the reasons given in [section 3](#).
- 7.2.** SoR cannot and will not support pilots or service developments that compromise either the safety of service users or the professionalism of members.

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